

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023831

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registered District No. 79 Primary Registration District No. 5667 Registrar's No. 93

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/591 C5702 0576

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford township		c. CITY OR TOWN WINFIELD	
Length of stay in 1b 8 days		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln County Hospital		d. STREET ADDRESS (If outside, give location) Winfield	
3. NAME OF DECEASED (Type or print) OLAN DAY OVERALL		4. DATE OF DEATH Month June Day 29 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/12/1914
9. AGE (last birthday) 48		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY carpenter trade	
11. BIRTHPLACE (City and state or country) RFD Winfield, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Rolla Harvey Overall		13b. MOTHER'S MAIDEN NAME Anna Mary Day	
14. NAME OF HUSBAND OR WIFE Minerva (nee White) dec.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Melvin Overall Address Winfield, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Empyema, Toxemia & Collapsed Lung. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gunshot wound of Trachea, Esophagus & Left Lung. DUE TO (c) (Cause of death by Henry J. Sweets Jr M.D. Pathologist) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 8 Days	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Subject surprised person or persons unknown	
20c. TIME OF INJURY Hour 6:10 a.m. p.m. Month, Day, Year June 29, 1962	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> Street		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		20f. CITY, TOWN, OR LOCATION Winfield COUNTY Lincoln STATE Missouri	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at 6:10 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph J. Marsh Sr. (Degree or title) CORONER		22b. ADDRESS Troy, Missouri	
22c. DATE SIGNED 7/1/62		23. NAME OF CEMETERY OR CREMATORY New Salem	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE July 1, 1962	
23c. LOCATION (City, town, or county) Winfield, Mo.		24. FUNERAL DIRECTOR O'Garlan Ricks ADDRESS Elsberry, Mo.	
25. DATE RECD. BY LOCAL REG. 7-1-1962		26. REGISTRAR'S SIGNATURE Charlotte Leek	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 11 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gaulant

Licensed Embalmer No. 4012

P. O. Address Elcherry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Embalmed 6-30-1962